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Barbara A. Shimei					I hereby certify that this Feed of Yanaming or 1 ransmission I hereby certify that this Feed of Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
Director, Patents & Licensing									
Bayer HealthCare LLC - Pharmaceuticals									
555 White Plains Road, Third Floor Tarrytown, NY 10591					(Depositor's name)				
Tarrytown, IVT 10591					(Signature) (Date)				
APPLICATION NO. FILING DATE FIRST NAME									
			FIRST NAMED INVENTOR						
10/531,889 06/05/2006 Achim Feurer LE A 36 411 5900									
TITLE OF INVENTION; HETEROARYLOXY-SUBSTITUTED PHENYLAMINOPYRIMIDINES AS RHO-KINASE INHIBITORS									
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE I	OUE	PREV. PAID ISSU	E FEE TO	TAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300		\$0		\$1810	05/05/2010	
EXAMIN	ER	ART UNIT	CLASS-SUBCLASS	3					
MURRAY, JE	FFREY H	1624	514-259100		,				
1. Change of corresponden CFR 1.363).	For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1 Edwards Angell Palmer & Dodge LLF								
Change of correspor Address form PTO/SB/	or agents OR, alternatively,			Nicholas J. DiCeglie, Jr.					
Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)									
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
BAYER SCHERING PHARMA AKTIENGESELLSCHAFT Berlin, Germany									
Please check the appropriate assignee category or categories (will not be printed on the patent): 🚨 Individual 🕱 Corporation or other private group entity 🚨 Government									
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)									
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☑ Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO-2038 is attached.									
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Authorized Signature Thomas C. Blankinship				May 4, 2010 Registration No. 39,909					
Typed or printed name									
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